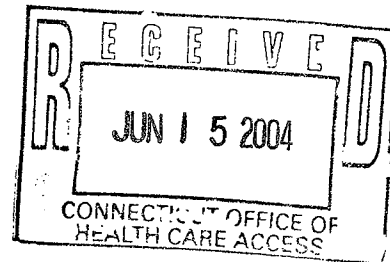




June 15, 2004

Cristine A. Vogel, Commissioner
Office of Health Care Access
401 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308



Dear Commissioner Vogel:

I am enclosing an original plus three copies of a Letter of Intent/Waiver Form (2030) for Diagnostic Imaging of Southbury, LLC to replace and upgrade its CT Scan Unit. This proposal represents a replacement and upgrade of a previously OHCA approved CT Scanner.

Should you have any questions regarding this Letter of Intent please do not hesitate to contact me at (203) 574-6125.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. Gumbardo", written over a horizontal line.

Robert Gumbardo, M.D.
Chairman and Co-Medical Director
Diagnostic Imaging of Southbury LLC

Enclosure



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Diagnostic Imaging of Southbury, LLC	
Doing Business As	Diagnostic Imaging of Southbury, LLC	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	385 Main Street South Union Square Bldg 2 Southbury, CT 06488	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Paul Masotto Executive Director, NVRA/CRN	
Contact person's street mailing address	385 Main Street South Suite 209 Bldg 1 Union Square Southbury, CT 06488	
Contact person's phone #, fax # and e-mail address	Tel: 203 267-3340 Fax: 203 267-3342 pmasotto@stmh.org	

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
CT Scanner	Toshiba	Aquilion MS 16	1	\$1,125,000
Workstation and Software	Toshiba	Vitrea System	1	\$ 150,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity ☐ Lease Financing ☒ **Conventional Loan**
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

AFFIDAVIT

Applicant: **Diagnostic Imaging of Southbury, LLC**

Project Title: **Imaging Equipment Replacement and Upgrade: CT Scanner**

I, Robert Gumbardo, M.D. Chairman, Co-Medical Director
(Name) (Position – CEO or CFO)


of Diagnostic Imaging of Southbury, LLC being duly sworn, depose and state that the

information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to

the best of my knowledge, and that Diagnostic Imaging of Southbury LLC complies

(Facility Name)

with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.



Signature

6/10/04

Date

Subscribed and sworn to before me on June 10, 2004



Notary Public/Commissioner of Superior Court

My commission expires: 9/30/04

BARBARA M. TRAYNOR
NOTARY PUBLIC
MY COMMISSION EXPIRES 9/30/04

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical